

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	2					
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14						
15						
16	1					
17	1					
18	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						